Training and Experience Evaluation

Agricultural Biological Technician

Department of Food and Agriculture

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. This examination consists of a Training and Experience evaluation used to evaluate your education, training and experience relevant to the position.

This Training and Experience evaluation is a scored component accounting for 100% of your rating in the examination process. It is important to complete the questionnaire carefully and accurately. Your responses are subject to verification before appointment to a position.

VERY IMPORTANT: PLEASE READ THIS ENTIRE SECTION CAREFULLY.

Before a hiring decision will be made, your responses will be verified. A hiring manager or personnel staff member will contact the references you have provided to confirm job dates, experiences, duties, achievements, and/or possession of knowledge, skills, and abilities. Failure to provide adequate references AND contact information may significantly limit our ability to make a job offer.

If it is determined at any time that you have made any false or inaccurate representations in any of the information you have provided, you may be disqualified from this process, suffer loss of State employment, and/or suffer loss of right to compete in any future State of California hiring processes. You are solely responsible for the accuracy of the responses provided.

This warning has been provided to protect your rights as a job candidate as well as the rights of the State. Be advised that you are expected to answer truthfully and accurately.

Verification References

Provide references who can verify the information you provide in this exam. Prior to receiving an offer for employment, these references will be contacted to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this exam. List all references that apply.

EMPLOYMENT Job Reference 1	
Job Title:	
Organization Name and Address:	
Date Worked: From: To: Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities:	
Contact Phone Number(s) of the above Individual(s):	
Job Reference 2	
Job Title:	
Organization Name and Address:	
Date Worked: From: To: Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities:	
Contact Phone Number(s) of the above Individual(s):	
Job Reference 3	
Job Title:	
Organization Name and Address:	
Date Worked: From: To:	
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities:	
Contact Phone Number(s) of the above Individual(s):	
Job Reference 4	
Job Title:	
Organization Name and Address:	
Date Worked: From:	
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities:	
Contact Phone Number(s) of the above Individual(s):	

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Job Reference 5
Job Title:
Organization Name and Address:
Date Worked: From:
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities:
Contact Phone Number(s) of the above Individual(s):
Job Reference 6
Job Title:
Organization Name and Address:
Date Worked: From:
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities:
Contact Phone Number(s) of the above Individual(s):

EDUCATION

Education Reference 1

School Name and Address:
Degree(s) Earned:
Date(s) Attended: From:
Education Reference 2
Oak and Nama and Addings.
School Name and Address:
Degree(s) Earned:
Date(s) Attended: From: To:
Education Reference 3
School Name and Address:
Degree(s) Earned:
Date(s) Attended: From:
Education Reference 4
School Name and Address:
Degree(s) Earned:

Section 1: Tasks

Instructions:

Rate your experience performing specific job-related tasks.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every question and provide relevant examples. Also, indicate the references who can verify the information provided.

In responding to each statement, you may refer to your WORK EXPERIENCE, whether paid or volunteer, your EDUCATION, and/or FORMAL TRAINING COURSES you have completed.

PLEASE NOTE: This examination is designed to gain an overall assessment of your education, training, and experience as it directly relates to the duties and the knowledge, skills and abilities required for this position. Possession of specific education is <u>not</u> required to be successful in this examination; however, such achievements may substitute for desirable levels of experience. All components of this examination have been carefully validated by tying them directly to job requirements and documenting their relevance to the position.

No Knowledge – I have no knowledge of how to perform this task or what it may entail.	Basic/Limited knowledge I have some knowledge of how to perform this task, but may require additional instruction to apply my knowledge effectively.	Moderate Knowledge - I possess a sufficient knowledge level that would allow me to perform this task successfully.	Extensive Knowledge -I could effectively perform this action under the majority of circumstances or situations encountered; and I could instruct others on specific aspects of this action.	No experience – I have no experience performing this task.	Some Experience – I have less than six months experience performing this task.	Moderate Experience - I have six to twelve months experience performing this task.	Extensive Experience - I have over twelve months experience performing this task.
0	1	2	3	0	1	2	3

Scale 1

How much knowledge do you have doing this task

- o No Knowledge- I have no knowledge of how to perform this task or what it may entail
- Basic/Limited Knowledge I have some knowledge of how to perform this task, but may require additional instruction to apply my knowledge effectively.
- Moderate Knowledge I possess a sufficient knowledge level that would allow me to perform this task successfully.

Scale 2

How much experience do you have doing this task

- No experience I have no experience performing this task.
- o Some Experience I have less than six months experience performing this task.
- o Moderate Experience I have six to twelve months experience performing this task.
- Extensive Experience I have over twelve months experience performing this task.

TASKS TO INCLUDE IN THE EXAM

ITEM #	
1.	Preparing samples, and other materials, for laboratory analysis to be performed by scientists in order to provide timely/accurate diagnostic, quality control services, and professional expertise to clients.
2.	Cleaning and sterilizing laboratory apparatus, equipment, and/or facilities in order to maintain a sanitary work environment.
3.	Maintaining clean and orderly laboratory sample processing work areas in order to prevent sample contamination and diagnostic testing errors.
4.	Preparing samples for analysis with the use of validated techniques and instruments outlined in laboratory procedures.
5.	Recording, reviewing, revising, and tracking diagnostic test data within environmental records, reports, laboratory worksheets, log books and/or software databases so data is organized/current/accurate for retrieval purposes such as to write reports and/or general correspondence with department staff/management.
6.	Communicating and cooperating in a professional and effective manner with coworkers, and/or customers/clients by utilizing tact and interpersonal communication skills (verbal and written) to establish and maintain effective working relationships.
7.	Tracking the use of chemicals, equipment, tools, supplies, and/or other consumables used for collection, sample preparation, and analysis.

8.	Maintaining, updating, and/or using laboratory procedures and various other manuals including but not limited to Safety Data Sheets (SDS).
9.	Preparing chemical solutions and/or other media for use in diagnostic tests.

<<LOGO>> <<Examination Title>>

Terms of Use Agreement

Examination Responses

The information you provide on this examination is expected to be true and accurate to the best of your knowledge, and must contain no willful misrepresentations or falsifications. If it is later determined that you have made any false or inaccurate representations in any of the information you have provided, you may be removed from the examination and/or eligible list(s) resulting from this examination, suffer loss of State employment, and/or suffer loss of the right to compete in any future State of California hiring processes. You are the person solely responsible for the accuracy of the responses you provide.

Retaking the Examination

Retaking this examination under another or a new User I.D. and password, Social Security Number (voluntary, not required, information), or name is not allowed. If you do retake this examination before the <<too soon time>> months are up, the new result will be inactivated, and you will have to wait <<too soon time>> months from the **date of the**newest record to retake the examination. This may result in your eligibility expiring from the list, and you having a period of ineligibility before you may retake the examination.

[] I hereby assert that I am taking this examination for myself alone. I am NOT taking this

	examination on behalf of anyone else.
[]	I hereby assert my intention to provide information that is true and accurate to the best of my knowledge, and that contains no willful misrepresentations or falsifications.
[]	I understand that, if it is later determined that I did make any false or inaccurate representations in any of my responses, I may be removed from this examination and/or the eligible list(s) resulting from the examination, suffer loss of State employment, and/or suffer loss of the right to compete in any future State of California hiring processes.
[]	\boldsymbol{I} understand that \boldsymbol{I} am the person solely responsible for the accuracy of the responses \boldsymbol{I} provide.
	I understand that I may take this examination only once every < <too soon="" time="">> months. I hereby assert that I have not taken this examination within the last <<too soon="" time="">> months under any other User I.D. and password, Social Security Number, or name. I understand that, if I retake this examination before the <<too soon="" time="">> months are up, the new result will be inactivated, and that I will then have to wait another <<too soon="" time="">> months to retake this examination. I understand that, by retaking this examination too early, once my eligibility expires, there may be a period of time that I am ineligible to apply for vacancies for this classification.</too></too></too></too>